

which pus will subsequently form. Picric acid has more antiseptic and penetrating qualities, and, if the lesion is quite superficial, will completely rid it of offending organisms. At the same time, unlike other antiseptics, it appears to cause no irritation to the tissues. Its only drawback is the deep staining it produces. When used at all it should be applied very thoroughly, the acid being renewed frequently until the coagulated lymph completely covers the sore. I generally place the well-soaked lint on the wound and cover this with non-absorbent wool or gutta-percha tissue. The dressing may be left on from twelve to forty-eight hours according to the asepticity of the original wound.

These few remarks may possibly suggest the use of this remedy in other and similar lesions.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, 1899, vol. i, p. 678. ² Ibid., 1897, vol. p. 457.

MANSON'S TROCAR AND CANNULA FOR THE TREATMENT OF LIVER ABSCESS.

BY INSPECTOR-GENERAL ALEXANDER TURNBULL,
M.D., R.N. (Retired).

THE three following cases illustrate this method of treating hepatic abscess:

CASE I.—At Hong Kong, early in 1893, a marine officer came under my care convalescent from fever. He was taken ill at Singapore on December 17th, 1892, and on the 19th was jaundiced; he was confined to bed for only a few days, and, as a rule, slept well, and had a good appetite; he stated that his temperature, as a rule, was normal in the day, but rose to 102° in the evening, with sweating.

In January, 1903, he had a rigor, and suffered from hepatic and right shoulder pain; the hepatic region was frequently examined, but with negative results.

On February 6th he left Singapore as a reputed convalescent for Hong Kong, and on the 14th of that month came under my care. His conjunctivae were icteroid, and there was marked enlargement of the liver, with slight tenderness; but the appetite was good, the bowels relaxed, and the tongue clean.

On February 18th fine crepitations were noted immediately below the right nipple, with pain on coughing or laughing.

From February 20th to 26th the bowels were relaxed, the stools bilious, with mucus, partially digested food, and a trace of blood. Friction crepitus was noticed, and a liver dullness slowly ascending, increased hepatic tenderness; his spirits were good, also his appetite, and his tongue clean, but there were night sweats; he was emaciated and wan looking, with variable temperatures, some days normal and sometimes slight fever. Though hepatic abscess was suspected, his *bien-être* and, as a rule, excellent spirits, caused the diagnosis to be thought—even by an expert in liver abscess, who saw the patient with me—to be questionable.

On February 27th the stools were healthy; there were no night sweats, definite hepatic pain or tenderness on percussion, manipulation, or exertion, and convalescence was anticipated.

On February 28th and March 1st the temperature was normal; the following days slight fever recurred in the evening, with anorexia in the morning.

On March 5th he was aspirated in the sixth intercostal space, 2 in. below the right nipple, and an abscess was discovered $1\frac{1}{2}$ in. from the surface, immediately below the friction crepitus area. The operation was followed by severe spasm of the right rectus muscle, and slight febrile disturbance for forty hours, when the temperature became normal, and continued so for two days.

On March 10th the abscess was evacuated by means of Manson's trocar and cannula, with indiarubber drainage tube, and a glass tube inspection-insert some distance down it, draining into an antiseptic solution. The patient's pulse was feeble, but the thirty minutes operation under ether followed by chloroform was borne well. From $1\frac{1}{2}$ to 2 pints of pus were evacuated.

For ten days after the operation there was slight fever, but the patient took nourishment well, slept well, and suffered little or no discomfort; the discharge now appeared as pure bile, about $3\frac{1}{2}$ fluid ounces passing in twenty-four hours. The drainage, I consider, might have been discontinued in this case on the sixth day.

On March 19th the tube was cut and secured close to the surface of the body, dressing antiseptically.

On March 25th the patient sat up in the ward.

On March 29th the drainage tube, previously reduced by replacement with one smaller in calibre, was found in the dressing.

On April 5th the operation wound was healed.

After April 28th there was uninterrupted convalescence, with normal temperature.

On May 3rd he proceeded to England via Japan and Canada, spending some days en route at the Chicago Exhibition. Shortly after his arrival in England he was appointed a gymnasium instructor for the army. In 1897 he proceeded to join the Egyptian forces advancing to Khartoum, was wrecked on passage up the Nile, and suffered considerable exposure, but enjoyed excellent health during those military operations, and subsequently. He has now returned to England in perfect health and has again been appointed gymnasium instructor.

CASE II.—Shortly after treating this patient, a storehouse-man in the Naval Dockyard, Hong Kong, was similarly treated by me; the abscess tapped and drained in a similar manner. The same uncertainty as to the existence of a liver abscess was experienced in this case, and was only removed by exploratory puncture; the patient made an uninterrupted recovery. Strongly advised to quit Hong Kong, he positively refused to abandon his appointment. I saw him in excellent health, as he said, better than for a long time previous to the operation, about a year and a-half afterwards, on my returning to England, and a few years later, Mr. Cantlie left him in Hong Kong in excellent health.

CASE III.—A third case, a naval petty officer, was treated in the same manner with Manson's trocar and cannula, and associated drainage, proceeded, convalescent, to England, and doubtless returned to his duty.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

ANTITYPHOID SERUM AS A CURATIVE AGENT.

W. S., aged 28, a farm labourer, was seized on July 14th, 1902, with abdominal pain and sickness. He called in medical aid on July 16th. The symptoms at first pointed to appendicitis, later to generalized peritonitis. But, after a few days of high temperature and noisy delirium, all abdominal tenderness disappeared. The temperature rose gradually to the neighbourhood of 104°, at about which point it remained up till July 26th. He had by this time fallen into a condition by day entirely apathetic, from which he could but be roused to answer questions, though at night he generally woke up to noisy and violent delirium. Having made a provisional diagnosis of enteric fever, and, having had a confirmatory report from the County Council's laboratory based on Widal's test, on July 26th I injected 10 c.cm. of Burroughs and Wellcome's antityphoid serum which I had by me. Next day, being Sunday, I was unable to get more serum from London, but on July 28th I injected another dose of 10 c.cm. After the first dose the temperature fell to 99.8° on the morning of July 27th. The distension of the abdomen, which had been marked for the last two days, had disappeared; he was quite sensible, in marked contrast to his condition for the last seven days. The morning temperature on July 28th was 100°; after a second injection on that day it fell to subnormal, and never afterwards was raised above the normal limits. By August 20th the man was well, though he had not wholly recovered his strength. In confirmation of the reaction to Widal's test the urine was found to show swarms of bacilli having the appearance and character of typhoid bacilli. I finished up by giving him a course of urotropin in the interests of the public health.

This is the fourth case in which I have used antityphoid serum alone, the first one being of average severity. The other three (all of which I have published) have all been desperate cases in which I only used it because there seemed nothing else left to be done. This man would probably have lived in any case, unless one of the unhappy complications of enteric had supervened. Of the other three cases, I am positive (as were all who saw the cases) that the serum was the means of saving two lives; the third case was that of an elderly woman with

very marked congestive pneumonia superadded to all the classical symptoms of enteric fever. Even in her case diarrhoea, fever, distension of the abdomen, and delirium all ceased after the second injection. Her death within thirty-six hours after was pretty obviously due to the lung condition, which, it is fair to state, was threatening life before, and in a final effort to avert which, in fact, I obtained leave from the relatives to use a remedy still on its trial. But in this case, as in all the others, the disease itself, *qua* enteric, it would seem, was aborted at once. In the first case, a child of 7 years, I had had the patient packed in ice for days. The moment the ice was removed the temperature ran up and never ceased to tend above 105° ; after the first injection I never had even to sponge.

For me at least the results have been encouraging enough to indicate its trial, at any rate, in any very bad case that may come under my care in the future. The dose I have used was uniformly been 10 c.cm., except for the first case, when I had a syringe badly graduated (as I found afterwards). Exactly what I used I do not know, but it was certainly a much smaller dose than 10 c.cm., repeated several times daily for two days, and gradually diminished in frequency. Its results certainly exceeded all expectation, almost all hope.

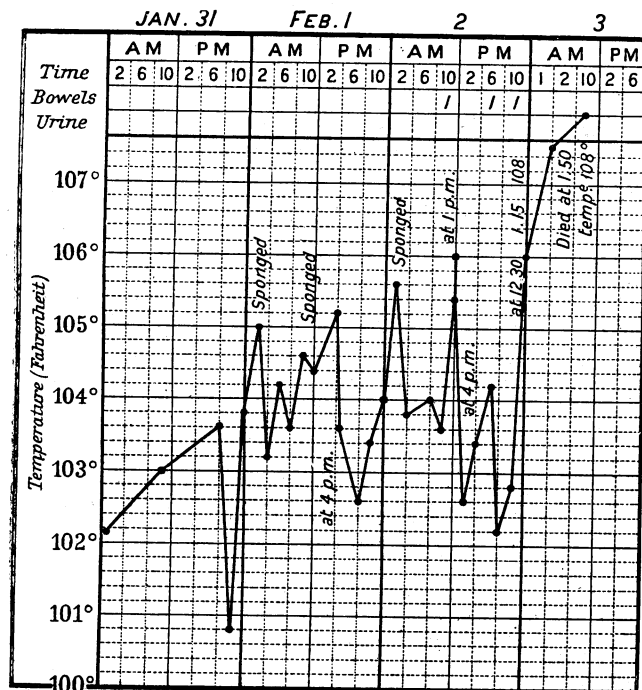
Halton, near Leeds.

B. BASKETT, M.B Oxon.

CASE OF HYPERPYREXIAL INFLUENZA.

DR. HARMAN BROWN'S report of a case of influenzal hyperpyrexia in the BRITISH MEDICAL JOURNAL of December 27th, 1902, p. 1949, leads me to record a similar case which I attended last January.

On January 29th, 1902, I was called in to see Mrs. C., who had felt ill for a day, and was complaining of headache and slight pains in the back and limbs. The conjunctivae were somewhat injected; there was some coryza, and there were a few rhonchi audible over the chest. The temperature was 100.5° , pulse 100, and respirations 24. I prescribed a febrifuge mixture, and ordered a liquid supporting diet.



On January 30th there was considerable prostration, the pulse was 110 and weak, and the temperature 101° ; pains were more severe, and there were slight cramps in the legs. The bowels were moved naturally; the urine was somewhat concentrated, but contained neither albumen nor sugar. I diagnosed influenza. Towards evening the headache increased somewhat and slight deafness supervened. I prescribed acetanilidin (5 gr.) every two hours for six hours. Benefit resulted therefrom; but after a fair night there was no improvement in the general condition, and a little patch of pneumonia had appeared at the left base; the deafness had

increased and vision had become somewhat impaired. I ordered brandy ($\frac{1}{2}$ oz.) every four hours, and 7 gr. of acetanilidin every two hours for eight hours. The temperature was 103.6° , and in four hours fell to 100.8° . In the next eight hours the temperature reached 105° , the respirations were 64, and the pulse 130 and inclined to run. I ordered strychnine and digitalis, cold sponging to the body, and an icecap for the head.

On February 2nd the deafness became complete, and vision was much diminished, but there was no increase in the pneumonia. The aspect of the patient became earthy, sordes appeared on the lips, and a condition of coma vigil supervened. Several times the temperature was reduced by sponging, but at 1 a.m. on February 3rd it reached 108° F., and became irreducible, and in fifty minutes ran up to 110° F., and death supervened. I have no doubt there was double optic neuritis.

The patient took nourishment well till a few hours before death.

The typical points of the case are—the well known predilection of the influenza toxin for the basal ganglia and the bulb, as evidenced by the deafness, amblyopia, tachypnoea, and hyperpyrexia. I gave no quinine partly on account of the deafness, but principally because I believe it to have no specific influence on severe influenzal intoxications. I should be interested to know the result of the antistreptococcus serum, if it has been tried, in such cases.

I append the temperature chart from the third day.

Tamworth.

CHARLES H. JOY.

CASE OF OEDEMA OF THE FACE.

For some time I have had under observation a man who suffers from oedema of the face; he is married, aged about 30, has had two children, and is a market gardener by occupation. His physique is good, but he is inclined to be stout. He has no signs of disease, and all his organs are healthy, except that he has always suffered from a mild form of dyspepsia.

About twelve months ago he sent for me one morning, as his face had suddenly swollen during the night. I found him suffering from acute oedema of the face, especially of the lower part, and the lips. His face was so swollen that his features were quite changed; but he had no pain or discomfort, except that he felt, as he said, "very tight about the skin, and that his tongue was too big for his mouth." The temperature was normal; he had no difficulty in swallowing. His tongue was swollen and indented by the teeth, but it was clean; the urine was normal; his bowels acted regularly, and he felt quite well except for the discomfort.

The oedema disappeared in a few days with rest and treatment, but since then he has had occasional attacks of the same sort, which have lasted a few days and then subsided.

The curious thing about his case is that the oedema was entirely confined to the face, that it occurred without any definite cause as far as I could find out, but it seemed to have some connexion with the dyspepsia, because he was always free from the latter for some time after an attack of oedema.

Mickleton, Gloucestershire.

A. V. GREGG, M.D.

FETAL MORTALITY IN INDUCED LABOUR.

In the EPITOME of November 29th, 1902, an abstract of a report on the above subject, published by Gilman, is given. His conclusions, based on nine cases, seem to be unhappy, and tempt me to narrate my experience of the operation. I have performed this operation ten times and on two women only:

I first saw H. F. in 1890; she had had at that time three pregnancies, and craniotomy was necessary in every instance. The pelvis was of the generally contracted type, and the true conjugate was decidedly less than 4 in., but having no means of measuring it I cannot give the exact dimensions. I advised induction of labour at the thirty second week. This I did, but the child only survived about twelve hours. In 1893 under the same conditions a dead child was born, and from that date to the present year she has been pregnant five times, and has borne five living children, who have all done well.

E. B. had four children, all born naturally, before 1893. In that year I was called to her, and found that she had been in labour for eighteen hours. I failed to deliver the child with forceps, and finally had to resort to craniotomy. After delivery I found that the promontory of the sacrum was con-

siderably enlarged, apparently due to an exostosis, but there was no history of any trouble from it. The following year craniotomy was again necessary, and I then told her that if she became pregnant again it would be advisable to induce labour at the seventh month, and during the next year this was done. The child only survived one month, and the prematurity of its birth was undoubtedly the primary cause of its death. The child born in 1897 did well, but died from broncho-pneumonia at the age of 3 months, and the last child, born in 1899, was malformed. It had congenital heart disease, and the metacarpi and metatarsi were symmetrically divided, causing the extremities to closely resemble lobster claws. This child died soon after delivery, but as its death cannot be ascribed to its premature birth, I shall not include it in my figures. The total result is therefore 9 cases, 6 of which lived and 3 died, giving a percentage of 33.3 deaths per cent.

I always used the largest-sized bougie *a bougie* to effect delivery, and on two occasions I left it in the uterus for seventy-two hours without the slightest ill result.

Personally I should not have the slightest hesitation in advising induction of labour in preference to Caesarean section. The former operation is much more frequently performed in the country than is apparent from reports; not necessarily as an alternative to Caesarean section, but often as an alternative to craniotomy. With due precautions the risk to the mother is practically nil, it can be easily performed singlehanded, and the chances of the child surviving are decidedly good.

Rugeley, Staffs.

RICHARD FREEB, M.A., M.D. Cantab.

NYSTAGMUS IN THREE GENERATIONS.

IN connexion with Dr. Theodore Fisher's article published in the BRITISH MEDICAL JOURNAL of September 6th, 1902, I may, perhaps, be permitted to record a somewhat similar experience.

The patient, a girl of 15 years, came under observation some years ago when she was recovering from an attack of chorea. It was noticed that she exhibited marked horizontal nystagmus, and also that the same condition was present in the mother; in neither case was there defective sight or other clinical fact capable of being regarded as an explanation of the oscillation of the eyeballs. Further, according to the mother's statement, her own father (who was a miner), several of her brothers and sisters, and two of her children (other than the above) had the same peculiarity. In regard to the children, she was sure that the jerking movements of the eyes were present within a few days of birth. The evidence of the existence of nystagmus in three successive generations, and of the congenital nature of the condition at least in the third generation, is therefore fairly convincing.

Whether the occupation of the grandfather is merely an interesting coincidence, or is in any way responsible for later developments in the family history, are questions for those skilled in the problems of heredity.

Weymouth Street, W.

C. O. HAWTHORNE.

CASE OF GONORRHOEAL GINGIVITIS.

ON March 22nd, 1902, I saw a middle-aged working man, suffering from a gonorrhoea contracted five days previously. He had been intermittently crippled by chronic rheumatism for many years. A recrudescence held him bedfast at that time. For this reason, and in that he was a married man and the father of a family, local treatment consisted only of antiseptic wool and a weak lotion of mercury perchloride. Internal medication was on the usual lines. The disease ran an ordinary course, until on April 16th he complained of soreness of the mouth and of having to spit often.

On inspection, the gums were red, swollen, and spongy, and there was an over-abundant flow of saliva. The condition was suspicious of commencing mercurial stomatitis. He denied having drunk any of the lotion, so that it seemed not unreasonable to suppose that he had been poisoned by absorption, though such a degree of susceptibility was almost inconceivable. The lotion was stopped, and a mixture containing potassium chlorate given.

By April 20th he presented an appalling spectacle: huge, incapable, with a big head of the bull-dog sort, the lower jaw drooping, and saliva unceasingly trickling from the angles of the mouth. Every tooth loose and bathed in pus which oozed from every socket. He could not eat, and drank with difficulty, vomiting frequently. His temperature was 101° F. The atmosphere of the bedside was very offensive. The true nature

of the condition was now evident. Visions of consecutive disease of the stomach and bowels obtruded themselves. A solution of silver nitrate (gr. x ad 3j) was applied locally twice daily, and a mouth wash of potassium permanganate ordered. The dyspepsia was treated appropriately.

On April 22nd it was ascertained that gonococci were present in a swab taken from the gums. By April 26th symptoms were abating. Tonics were exhibited, and the patient ordered to paint his gums many times a day with equal parts of glycerine and the strong solution of perchloride of iron.

Matters improved progressively, and by May 10th the mouth appeared normal.

When the patient learned the state of affairs he volunteered a satisfactory explanation: He was in the habit of religiously picking his teeth after meals with a wooden match wittled to a point. He was kind enough to add that though I had warned him of the danger of carrying infection to his eyes, I had said nothing concerning his mouth.

I have seen cases of conjunctival, rectal, and nasal gonorrhoea, but never anything so revolting as this gonorrhoea of the gum.

Mossley, Manchester.

SIDNEY VINES, L.S.A.

IMPERFORATE ANUS.

MAHOMED ALI, aged 22 hours, was brought to the dispensary on May 22nd, 1902. A slight elevation, with median furrow, indicated the site of the anus; there was no depression. The abdomen was greatly distended. An operation was requested at once, to which I agreed. A perineal incision was carried through the site of the anus upwards and backwards to a depth of 1 in. in the middle line, without finding the bowel; when the child cried, however, a distinct bulging could be seen. A little further dissection enabled me to seize the *cul-de-sac*, which was freed and pulled down and opened on the posterior aspect, a free escape of meconium taking place. The bowel was carefully sutured to the margins of the skin incision.

JOSEPH SCOTT, M.B.,

Assistant Medical Superintendent, Indo-European
Telegraph Department.

Shiraz, Persia.

VULVAR ERUPTION OCCURRING AFTER VACCINATION.

A YOUNG female farm servant about 21 years of age was seen first by me about December, 1901. She was then suffering from severe chlorosis. Between December and the following March she was periodically under my treatment, and during it markedly improved, but in the intervals she relapsed somewhat. In the district at that time there were a considerable number of cases of small-pox, and in consequence her employers were anxious that she should be revaccinated. I was first consulted regarding vaccination about January, but on account of her poor condition of health, and in consideration of the fact that she had good "primary" scars, I advised that she should not then be done. However, in March, as small-pox was on the increase, her employers again urged vaccination, and as she was then in rather better health, although still markedly anaemic, I vaccinated her—three insertions.

From the time the arm began to take she felt very unwell. She called on me about the fifth day, when she was looking ill and had severe headache; I prescribed some analgesic powder to relieve her headache. The next day, however, I found the girl in considerable pain. The vulva was markedly swollen, oedematous, and very tender. The mucous membrane of the labia majora and minora was dotted with small pustules. The eruption looked exactly like a localized variolous eruption in the pustular stage, excepting that perhaps the pustules were mostly smaller. The surrounding mucous membrane was red and angry. Although there was much swelling of the vulva there was little or no induration. Her pulse was 110, and the temperature 100° F. I ordered hot fomentations to relieve the pain and weak antiseptic douches to keep the parts clean. The following day the affected mucous membrane was discharging profusely and some of the pustules had burst. The swelling and discharge continued for some days, and then the whole condition gradually cleared up. The vulvar eruption when first seen by me was the result of only twenty-four hours' development, as the girl told me distinctly that she had no discomfort till the evening of the day previous.

The vesicles on the arm were just at their height when the

vulvar eruption appeared; they were well developed, of good size, and causing considerable local reaction.

The case certainly surprised me considerably, but I take it that it was probably a case of accidental auto-inoculation. I could get no direct clue, however, as to how the inoculation occurred. Still, allowing that it was a case of auto-inoculation, it was somewhat peculiar, I think, both as to a situation and character. It was not a single large vesicle with an indurated base that was present, nor yet a few small vesicles, but a profuse eruption of discrete pustules. Again, I would lay stress on the fact that the eruption was distinctly pustular within twenty-four hours.

Naturally the question of venereal infection crossed my mind, but I do not think there was any justification for such a suspicion in the case.

Dr. Theodore Dyke Acland in his article on vaccinia in Allbutt's *System of Medicine* mentions cases of vaccinal vulvar infection, and points out the importance of not mistaking such for venereal infections. He, however, evidently refers to cases of ordinary accidental vaccinations, and mentions none similar to the above.

Fulham, S.W.

A. BANKIER SLOAN, M.D.Glasg.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

KENT AND CANTERBURY HOSPITAL.

RENAL CALCULUS IN CONNEXION WITH A "HORSESHOE" KIDNEY.
(Reported by N. R. PHILLIPS, M.R.C.S.Eng., L.R.C.P.Lond.,
House-Surgeon.)

THE following case is chiefly of interest on account of its rarity:

W. M., aged 41, was admitted under the care of Dr. Whitehead Reid on the afternoon of May 31st, 1902, having been brought some distance by train from the country.

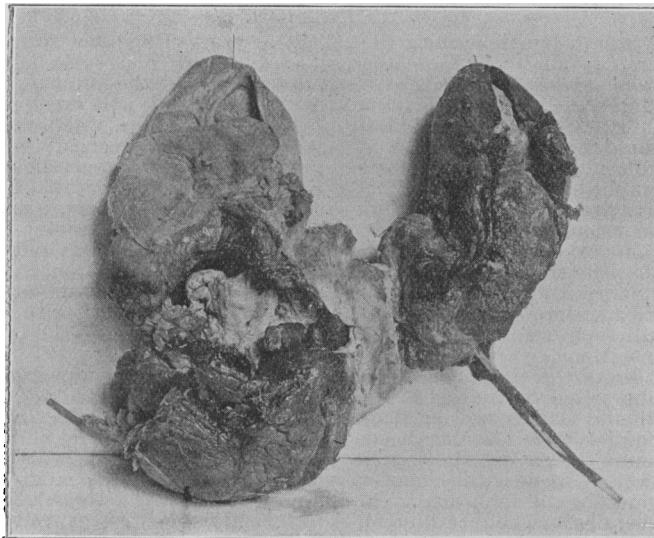


Fig. 1.—Front view.

History.—At the age of 3 he passed with his urine a stone about the size of a barley-corn. At 20 he passed a "mulberry" calculus the size of a haricot bean (both preserved). He only once passed blood with his urine; that was at the age of 21. He became a metropolitan postman the same year. At the age of 28 he became ill with "cystitis," and had never been "properly well" since. His urine became very thick and sticky; there was pain in the loins and both groins especially the right, which was worse after exercise. He was discharged from the Post Office when 31 for the same complaint. The patient had been getting very much worse, and during the last twelve months had lost flesh and become very weak. His body was also considerably drawn over on to his right side.

Condition on Admission.—The patient was sent in for "obstruction of the bowels." He was very sallow and in an extremely debilitated condition, the pulse was rapid and of very low tension. There was some indefinite resistance to be made out in the right hypogastric region, but no bulging in the loins. There was a history of nine days' constipation, and vomiting had become almost incessant. The urine was neutral in reaction, viscid, and contained half pus. The bowels were moved after repeated enemata. The bladder was sounded, but no stone could be detected.

An operation on the kidneys was considered inadvisable on account of the great state of exhaustion the patient had reached. His wife says he had frequently within the last thirteen years been advised to go to the hospital for operation before it was too late, but he had always refused.

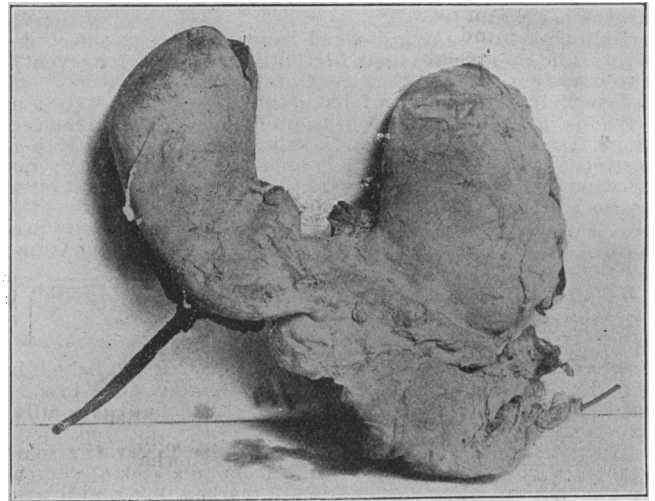


Fig. 2.—Back view.

Necropsy.—The kidney was found to be "horseshoe" shaped, the two lateral portions being united below. On the right side the kidney was greatly distended, and formed a large cystic swelling. Both sides were firmly bound down by adhesions to the posterior abdominal wall. The right ureter was embedded in a large mass of fat. On section of the right half a large quantity of pus escaped, and nothing remained of the kidney substance but a thin-walled sac. Two faceted calculi were lodged in the commencement of the ureter. The left half, on section, was also found to contain pus; the pelvis was greatly dilated and occupied by a very large branching calculus, which extended into the kidney substance, so that the latter merely formed a thin coating for the stone. The weight of the kidney, including the three calculi, after removal of the pus, was 22½ oz.

STATION HOSPITAL, PESHAWAR, NORTH-WEST PROVINCES, INDIA.

DISLOCATION AT CALCaneo-ASTRAGALOID AND SCAPHO-ASTRAGALOID JOINTS OF LEFT FOOT, COMPOUND: REDUCED AFTER ENLARGING THE WOUND UNDER CHLOROFORM: RECOVERY.

(Reported by Captain W. E. HUDLESTON, R.A.M.C.)

PRIVATE W., 1st Wiltshire Regiment, was admitted to hospital on the evening of August 8th, 1902, for injury of the left foot. He stated that whilst walking down a steep khud in the dark his left foot twisted under him, and he fell.

State on Admission.—The left foot was in the position of equino-varus and considerably foreshortened. On the outer side of the dorsum there was a hard bony swelling about the size of a walnut, between which and the external malleolus was a vertical wound about 1½ in. long, from which there was fairly free haemorrhage.

Treatment.—The wound was thoroughly irrigated with 1-40 carbolic lotion, and the skin of the whole foot thoroughly washed, cleansed with turpentine, and soaked in 1-40 carbolic lotion. An attempt which was made to reduce the deformity failed, the foot being firmly locked in the faulty position. A pad of boracic lint was fixed over the wound, and the whole foot enveloped in boracic wool, bandaged, and fixed on a MacIntyre splint.

satisfaction in the South-West district of London, and our correspondent will notice that in recent numbers of the *BRITISH MEDICAL JOURNAL* considerable discussion and comment has taken place on this subject.

A PARISH NURSE.

BUSHBURY writes to say that in the small parish in which he resides, chiefly occupied by well-to-do railway employes and mechanics, there is a parish nurse maintained by subscriptions from the people. "Bushbury" is the parish medical officer, and he states that the nurse has visited his patients without consulting him, and has recommended and provided remedies of her own. He has written to the Secretary of the Nursing Committee, and the Committee, after consultation with its medical referee, has decided that the nurse has not exceeded her duties.

"* We have no hesitation in saying that the nurse ought to work under the parish doctor and not independently of him, and that she should not interfere with the treatment of cases under his care.

THE ETHICS OF SURGICAL PRACTICE.

APPETITUS RATIONI PAREAT.—Our correspondent asks the following question: "Is a young practitioner, qualified in 1895, justified in undertaking the operation of abdominal pan-hysterectomy in a small country town, in an artisan's dwelling-house, without a second opinion and without an assistant except the anaesthetist?"

"* We cannot presume to limit the responsibility and discretion of any duly-qualified medical practitioner in the way suggested by the question. It cannot be admitted that young men, because they are young, must hand over all important cases to their seniors, who may possess greater experience and greater skill, or that operations should be undertaken only by men who occupy certain positions connected with hospitals, or who have passed higher surgical examinations. Many young men on starting in practice have been full of surgical enthusiasm, and have performed operations upon their poorer patients without payment, even finding all the expenses out of their own pockets. As a rule this kind of enthusiasm does not last, but here and there we have known men beginning in this way, to become surgeons of eminence. Every operator is bound to take all the precautions in his power for the safety of his patient, but these must be left to his judgement. If he is unsuccessful his reputation will suffer. We think all these circumstances taken together afford adequate guarantees to the public, and that a rule which forbade the undertaking of major operations, except under specified conditions, would be impracticable.

MEDICAL ETIQUETTE.

T. A. E.—Our reading of the letter sent to us is that the patient desired to change his medical attendant on account of the distance and that he caused this rather wordy letter to be written to our correspondent in order to break the announcement gently. It must be admitted that the patient had a perfect right to make the change, and that Dr. B. had an equal right to accept the case. We do not see that the letter contains evidence that the change was due to Dr. B.'s suggestion.

G. C. T.—A. may certainly accept the engagement if he pleases.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ON February 16th, at a general meeting of all the Fellows, the Rev. E. S. Roberts, Senior Tutor, was elected Master of Gonville and Caius College, in succession to the late Dr. N. M. Ferrers.

Degrees.—The following medical degrees were conferred on February 12th:—M.B.: H. C. Williams, Pembroke; E. B. Leech, Christ's; A. F. Elliott, Emmanuel. B.C.: H. Davies-Colley, Trinity; T. St. Clair Smith, Trinity Hall.

UNIVERSITY OF LONDON.

Teaching of Public Health.—At the last meeting of the Senate the Laboratory for Bacteriology and Parasitology at Guy's Hospital was approved for the purposes of the M.D. in State Medicine in these subjects. The laboratory is fully equipped for teaching and has accommodation for twenty-five students. There is also a research laboratory with accommodation for six workers. At the same meeting it was announced that the Privy Council had approved the McGill University, Montreal, and University College, Dundee, as places from which the University may receive certificates for the degree of M.D. in State Medicine.

Library of Economic Literature.—The Goldsmiths Company purchased two years ago the library of economic literature formed by Professor Coxwell. The Company has now presented it, with many additions, to the University, and has endowed it with £200 a year for five years.

Physiological Laboratory.—Dr. J. S. Macdonald, Professor of Physiology at the University College, Sheffield, will lecture on "Nerve as a Concentration Cell" on Friday, February 27th, at 5 p.m., in the Physiological Laboratory. Professor Sherrington, Professor Starling, Dr. Waller, and other physiologists are expected to join in the discussion of the subject.

VICTORIA UNIVERSITY.

THE following is the text of the report—dated February 10th—made by the Committee of the Privy Council which heard evidence on December 17th and 18th last as to the petitions of Liverpool for the creation of a Liverpool University, and of Manchester for a University in Manchester, and as to the counter petitions.

The report was approved by the King in Council on February 16th: Your Majesty having been pleased by Your Order of the 24th April, 1902, to refer unto this Committee, together with other petitions on the

subject, the humble petition of the University College, Liverpool, praying for the grant of a Charter incorporating a University in Liverpool, and the Owens College, Manchester, having also petitioned. In the event of Your Majesty being advised to grant such a Charter, for the grant of a Charter incorporating the Victoria University in Manchester as an independent University, the Lords of the Committee, in obedience to Your Majesty's said Order of Reference, have taken the said petitions into consideration, and, having heard counsel and witnesses on behalf of the said petitioners and sundry other bodies affected, do agree humbly to report, as their opinion, that such charters ought to be granted.

The Committee, however, consider that the step involves issues of great moment which should be kept in view and for the solution of which due preparation should be made, especially in respect to those points upon which, having regard to the great importance of the matter and the effects of any change upon the future of higher education in the North of England, co-operation is expedient between universities of a common type and with cognate aims.

The Committee are further of opinion that in framing the clauses of the Charters now proposed to be granted, and of any similar Charter that may hereafter be granted, the effect of the multiplication of such universities should not be lost sight of.

To these ends the Committee concur in recommending that before they finally settle the draft Charters under review, the authorities of the Yorkshire College at Leeds should have the opportunity of submitting a draft charter incorporating a university in Yorkshire, and that the institutions concerned should be invited to consider in greater detail not only the points upon which joint action is desirable, but also the methods by which it can best be secured, without unduly restricting the liberty or circumscribing the responsibility that ought to attach to independent universities.

The Committee likewise consider that there should be expressly reserved to Your Majesty as Visitor the right from time to time and in such manner as Your Majesty shall think fit to direct an inspection of the University, its buildings, laboratories, and general equipment, and also of the examinations, teaching, and other work done by the University; and further that in any Charter granted careful provision should be made to secure an effective voice to external and independent examiners in all examinations for degrees.

And the Committee would humbly propose in due time to submit a further report to Your Majesty.

ROYAL UNIVERSITY OF IRELAND.

Examiners.—The following appointments of Examiners have been made: In Natural Science, Michael Curran, M.A., M.B., Gregg Wilson, D.Sc.; in Medicine, James A. Lindsay, M.D., Joseph F. O'Carroll, M.D.; in Pathology, Edmond J. McWeeney, M.D., J. Lorrain Smith, M.D., *A. C. O'Sullivan, M.D.; in Midwifery, John W. Byers, M.D., Alfred J. Smith, M.B., *Henry Jellett, M.D.; in Medical Jurisprudence and Sanitary Science, Antony Roche, M.R.C.P.I., Patrick T. O'Sullivan, M.D.; in Materia Medica, Martin Dempsey, M.D., Sir William Whitla, M.D.; in Ophthalmic Surgery, Arthur W. Sandford, M.D., Louis Werner, M.B.; in Physiology, T. H. Milroy, M.D.; in Sanitary Science, Sir Charles A. Cameron, C.B., M.D.; in Mental Diseases, Conolly Norman, F.R.C.P.; George Rivington, M.D.; in Surgery, *Charles Stonham, F.R.C.S.E.; in Ophthalmology, *William G. Sym, M.D.

* Extern Examiners.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN Ordinary Council was held on February 12th, Sir Henry G. Howse President, in the chair.

Diplomas.

Ninety-six diplomas of Membership were granted, and 18 in Public Health, the latter being granted by the Royal College of Physicians in conjunction with the Royal College of Surgeons.

Hunterian Lectures.

Arrangements were made for the delivery of six Hunterian lectures in November next; and it was determined that an advertisement be issued inviting candidates to apply for election to the office of Hunterian Professor.

Board of Examiners in Dental Surgery.

Mr. Bernard Pitts was elected a member of this Board in the vacancy caused by the retirement of Sir William H. Bennett, K.C.V.O.

Bradshaw Lecturer.

Mr. Henry Morris was appointed Bradshaw Lecturer for the ensuing collegiate year.

Conjoint Examinations.

A report was read and adopted from the Committee of Management of the two Colleges, formulating a reply to the report of the Visitor and Inspector of the General Medical Council upon the Examinations in Chemistry, Physics, and Biology of the Conjoint Board.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Final Examination in Surgery: S. S. Fringle, T. L. Bands, D. Jacovides, J. Wallace, J. T. McEntire, W. Wiley, T. F. Manning, E. V. Collen, J. F. Nicholson.

Section A.—J. G. Wallace, J. Cunningham, A. A. McNeight, K. R. C. Hallows, W. Mitchell, J. A. Sibthorpe, J. H. Waterhouse, G. B. McCaul, R. Magill, J. H. Thompson, J. Chambré, C. E. Fawcett, W. Hassard, C. A. Boyd, F. S. Crean.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the stated examination of registered medical practitioners for the Licence in Medicine of the College held on Monday, Tuesday, and Wednesday, February 9th, 10th, 11th, Mr. W. R. Wilson, L.S.A. (1898), L.R.C.S.I. (1900), was successful.

CONJOINT BOARD IN IRELAND.

Messrs. W. H. Hornibrook, L.R.C.P. and R.I., J. M. Keegan, M.A., M.B., etc., R.U.I., J. M'Liech, M.B., B.Ch., etc., R.U.I., and J. B. Stephenson, M.B.Durh., have passed the examination for the Diploma in Public Health.

MEDICAL NEWS.

DONATIONS.—The Lincoln County Hospital has received donations of £500 from both Mr. Coningsby O. Sibthorp, of Sudbrook Holme, and Mr. Montagu R. Waldo Sibthorp, of Canwick Hall, Lincoln.

REQUESTS.—Under the will of the late Mr. Nicholas Harrison, of Chester, the sum of £2,000 has been bequeathed to the Chester General Infirmary and £1,000 to the Convalescent Home at Parkgate, Chester.

ULSTER MEDICAL SOCIETY.—The President, Dr. John Campbell, entertained the members at a smoking concert in the Medical Institute on the evening of February 12th. A large number accepted the invitation, and a most enjoyable and successful evening rewarded the kindness of the President. Some excellent singing and recitations were given, both by members and by a few friends.

THE NEW YORK SCHOOL OF CLINICAL MEDICINE has established a special department at Hartford, Connecticut, for the study of the neuroses and psychoses of alcoholism and of drug habits. This department is to be under the supervision of Dr. T. D. Crothers, who will deliver a course of clinical lectures on Inebriety caused by Alcohol, Opium, Chloral, Cocaine, and other Narcotics.

DR. DEMPWOLFF, who succeeded Professor Koch as head of the German Expedition for the Investigation of Malaria in German New Guinea, states, according to the Berlin correspondent of the *Standard*, that he has discovered an aquatic insect which destroys the *Anopheles* mosquito. He proposes to cultivate these insects by artificial means, and in this way hopes to exterminate the malaria mosquito.

AN AMERICAN MEDICO-HISTORICAL SOCIETY.—A proposal has recently been made in America for the establishment of a national society devoted to the history of medicine. The proposal is meeting with much favour, especially in Baltimore, where the Johns Hopkins Hospital Historical Club, the Medical and Chirurgial Journal Club, and the College of Physicians and Surgeons Medical Society have received the suggestion with enthusiasm. Among those who have warmly welcomed the proposal are said to be Drs. William Osler, William H. Welch, Stewart Paton, Henry M. Hurd, and John C. Hemmeter.

INDUSTRIAL DISEASES IN ITALY.—Professor Baccelli, the Italian Minister of Agriculture, has sent to provincial medical officers, sanitary officials, medical directors of hospitals and industrial establishments a schedule of questions as to the hygienic conditions in which labour is carried on, and as to the diseases peculiar to various industries. Among those mentioned are mineral works; brick, ceramic, and glass works; metallurgical works; chemical works; tobacco factories; industries having to do with animal materials; cloth factories, tailoring; agricultural labour; transports, etc., and sanitary services.

HUNTERIAN SOCIETY.—On February 11th the Annual Oration was delivered by Dr. T. H. Openshaw, C.M.G., Dr. A. L. Galabin, President, in the chair. The subject was John Hunter: his Influence on Surgery, with some remarks on the Treatment of Appendicitis. At the same date the following officers were elected:—*President*: F. H. Appleford, M.D. *Vice-Presidents*: W. A. Dingle, M.D., F. Wallace, J. Adams, F.R.C.S., J. H. Targett, M.S. *Treasurer*: R. Hingston Fox, M.D. *Trustees*: F. M. Corner, J.P., F. Gordon Brown, R. Clement Lucas, M.B., F.R.C.S. *Honorary Librarian*: T. H. Arnold Chaplin, M.D. *Orator*: J. F. Woods, M.D. *Secretaries*: T. Glover Lyon, M.D., H. L. Barnard, M.S., F.R.C.S. *Editorial Secretary*: E. W. Goodall, M.D. *Council*: H. R. Andrews, M.D., Sir Hugh Beavor, Bart., M.D., A. T. Davies, M.D., Fortescue Fox, M.D., A. W. Galloway, A. L. Galabin, M.D., F. R. Humphreys, W. Rawes, M.D., Ernst Michels, M.D., F.R.C.S., J. W. Oliver, M.D., F. J. Smith, M.D., J. F. Woods, M.D. *Auditors*: F. Gordon Brown, F. J. Smith, M.D., A. T. Davies, M.D., J. F. Woods, M.D.

MEDICO-LEGAL SOCIETY.—At a meeting of this Society, held on February 10th, Sir William Collins, President, in the chair, the adjourned discussion upon Dr. Harvey Littlejohn's paper on Medico-legal Post-mortem Examinations was continued. The speakers were unanimous in support of calling in a skilled pathologist, and a comparison was made between

the English and Scottish methods of procedure in matters under investigation. Dr. Gordon Brown, who was employed by the police at the time, read a paper upon the Whitechapel murders, which took place between August and November, 1888. After relating in detail the terrible story of murder and mutilation, he endeavoured to draw an inference as to the nature of the murderer. His motive, he argued, could not be robbery or jealousy, because of the depraved class of his victims; nor could it be the satisfaction of sexual passion alone, for in no case had there been violation. He concluded that the murders were the acts of an insane man, with the anatomical knowledge of a slaughterer, and that they should be classed under the head of Sadism.

MEDICAL VACANCIES.

The following vacancies are announced:

- BISHOP AUCKLAND RURAL DISTRICT COUNCIL.**—Medical Officer of Health. Salary, £350 per annum. Applications to the Clerk to the Council, Union Offices, Bishop Auckland, by February 25th.
- CITY OF LONDON ASYLUM.**—Second Assistant Medical Officer and Pathologist unmarried and under 30 years of age. Salary, £150 per annum, with board, furnished apartments, washing, and attendance. Applications, on forms provided, to be sent to the Clerk to the Visiting Committee, Guildhall, by March 12th.
- DURHAM COUNTY ASYLUM.**—Second Assistant Medical Officer. Salary, £180 per annum, rising to £220, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.
- EAST LONDON HOSPITAL FOR CHILDREN.** Shadwell, E.—(1) Medical Officer for the Out-patient Department. Appointment for six months, but renewable. Salary at the rate of £100 per annum, and luncheon. (2) House Surgeon. Board, residence, etc., provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by March 14th.
- EVELINA HOSPITAL FOR SICK CHILDREN,** Southwark, S.E.—Two Physicians to outpatients. Applications to the Committee of Management by March 5th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.**—Assistant House-Surgeon. Salary, £75 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.
- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, W.C.—(1) House-Physician, unmarried. Appointment for six months; salary, £20; washing allowance £2 10s., with board and residence. Applications, on forms provided, to be sent to the Secretary by March 5th.
- HULL VICTORIA CHILDREN'S HOSPITAL.**—(1) Lady House-Surgeon. Salary, £50 per annum. (2) Lady Assistant House-Surgeon. Salary, £40 per annum. Board and laundry provided in each case. Applications to the Honorary Secretaries by February 24th.
- KENT COUNTY ASYLUM,** Barming Heath, Maidstone.—Fourth Assistant Medical Officer, married, and not over 30 years of age. Salary, £175 per annum, rising to £200 with furnished quarters, attendance, etc. Applications to Dr. F. Pritchard Davies, Superintendent.
- LONDON THROAT HOSPITAL,** 204, Great Portland Street, W.—House-Surgeon (non-resident). Honorarium at the rate of £50 per annum. Applications to the Honorary Secretary of the Medical Committee by March 7th.
- LONDON HOSPITAL FOR FEMALE RESIDENTS,** 1, Grosvenor Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Board, residence, and washing provided, and honorarium at the rate of 50 guineas per annum. Applications to the Secretary by March 5th.
- NEWCASTLE-UPON-TYNE SCHOOL BOARD.**—A male and female Medical Officer. Salary attached to each post to be determined by the Board. Applications, endorsed "Medical Officer," to be sent to the Clerk, School Board Offices, Northumberland Road, Newcastle upon Tyne, by March 4th.
- NORTH EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, N.E.—(1) Assistant Physician; must be F. or M.R.C.P. Lond. (2) Casualty Officer. Appointment for six months. Salary £30 per annum, with luncheon. Applications to the Secretary by March 9th.
- OWENS COLLEGE,** Manchester.—Junior Demonstrator in Physiology. Stipend, £100 per annum, rising to £150. Applications to the Registrar by March 16th.
- QUEEN CHARLOTTE'S LYING-IN HOSPITAL,** Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by March 2nd.
- ROTHESHAM HOSPITAL AND DISPENSARY.**—Senior House-Surgeon. Salary, £110 per annum, with rooms, commons, and washing. Applications to Mr. E. S. Baylis, J.P., 19, Moorgate Street, Rotherham, by February 24th.
- ROYAL DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square, W.C.—(1) Demonstrator, to attend 9 to 11 in the morning and 2 to 5 in the afternoon. Honorarium, £200 per annum. (2) Demonstrator, to attend 9 to 1 daily. Salary, £100 per annum. Applications to be sent to the Dean for (1) by March 22nd, and for (2) by March 19th.
- STOCKPORT INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with residence, board and washing. Applications to the Secretary by February 25th.
- WALSALL AND DISTRICT HOSPITAL.**—House-Surgeon; unmarried. Salary, £100 per annum, with apartments, board, and laundry. Applications to the Chairman, Leicester Street, Walsall, by March 3rd.
- WARWICK UNION.**—Medical Officer for the Warwick District. Salary, £140 per annum. Will also be appointed Public Vaccinator for the District. Applications, endorsed "Medical Officer," to be sent to the Clerk to the Guardians, 48, Bedford Street, Leamington Spa, by March 3rd.
- WEST LONDON HOSPITAL,** Hammersmith Road.—Assistant Surgeon. Applications to the Secretary-Superintendent by March 25th.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Honorarium at the rate of £75 per annum, with board, lodging, and washing. Applications to the House Governor by February 25th.
- WOLVERHAMPTON EYE INFIRMARY.**—House-Surgeon. Salary, £70 per annum, with rooms, board, and washing. Applications to the Secretary by March 10th.

MEDICAL APPOINTMENTS.

- ANDERSON,** William, M.A., M.B., B.Ch. Aberd., appointed Second House-Surgeon to the Royal London Ophthalmic Hospital, City Road, E.C.
- BERRY,** H. G., M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer of the Asylum, Bury, Lancs.
- BLAIR,** A. F., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Grange District of the Orsett Union.
- BROWN,** W. F., M.B., M.S. Glasg., appointed Medical Officer of Health and Police Surgeon for the Burgh of Ayr, vice John Eddall, L.F.P.S. Glasg.
- BRYAN,** Frank, B.C. Cantab., appointed House-Physician to the Derbyshire Royal Infirmary.
- CAMPBELL,** Colin A., M.D. Toronto, appointed Third House-Surgeon to the Royal London Ophthalmic Hospital, City Road, E.C.
- CARR-WHITE,** Major P., M.B., Indian Medical Service, appointed Clinical Assistant to the Samaritan Free Hospital for Women.
- CLAPHAM,** Lucy B., M.B. Lond., appointed Assistant Anaesthetist to the New Hospital for Women London.
- DICK,** George, M.B., Ch.B. Edin., appointed Medical Officer of Health for the Cornhill of Sutherland and Caithness.

DUFFETT H. A., M.B.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer to the School Homes of the Greenwich Union.
 HOPE, C. M., M.B., Ch.B. Glasg., appointed House Surgeon to the Derbyshire Royal Infirmary.
 INMAN, William S., M.R. Lond., L.S.A., appointed Senior House Surgeon to the Royal London Ophthalmic Hospital, City Road, E.C.
 LYELL, J. H., M.D. Glasg., C.M., appointed Out-door Surgeon to the Perth Royal Infirmary, vice Parker Stewart, M.B., C.M. Edin.
 MAGUIRE, C. E., M.D. Aberd., appointed a Government Medical Officer, Fiji, on transfer from Southern Nigeria.
 MARSHALL, R. P., M.B.C.S. Eng., L.R.C.P. Lond., appointed District Medical Officer of the St. Olave's Union.
 MYERS, A. A., L.R.C.P., M.B.C.S. Eng., appointed Assistant House Surgeon to the Derbyshire Royal Infirmary.
 PALMER, H. J., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Caxton and Arrington Union.
 PATON, E. L., M.A., M.B., C.M. Glasg., appointed Visiting Surgeon to the Perth Royal Infirmary, vice James Ferguson, M.B., C.M. Glasg.
 STIRLING, Robert, M.A., M.D., F.R.C.S. Edin., reappointed Visiting Surgeon to the Perth Royal Infirmary.
 TAYLOR, W., M.B., C.M. Edin., appointed Visiting Surgeon to the Perth Royal Infirmary, vice D. S. Kennedy, M.D. Glasg.
 WETHERED, Ernest, M.B. Lond., L.R.C.P., M.B.C.S. Eng., appointed House Surgeon to the Derbyshire Royal Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. J. Kingston Fowler: Haemorrhagic Enteric Fever, with an account of two cases.
 Dr. S. H. Habershon: The Causes, Diagnosis, and Treatment of Spasmodic Contraction of the Pylorus.

Dentological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—Casual Communications by Mr. C. Robbins and Mr. Golding Bird. Paper by Mr. J. B. Parfitt.

Royal College of Surgeons of England, 5 p.m.—Mr. J. H. Parsons: On Ocular Circulation. Arris and Gale Lecture I.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Dr. Vere Pearse: Latent Empyema in Infants. Mr. C. W. Ensor and Dr. J. O. Wakelin Barratt: Paroxysmal Haemoglobinuria of Traumatic Origin.
 University of London Physiological Laboratories, South Kensington, 5 p.m.—Professor W. D. Halliburton: On the Chemistry of Muscle and Nerve.

WEDNESDAY.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 p.m.

Epidemiological Society, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Discussion: On The Panama Canal and the Introduction of Yellow Fever into Asia, to be opened by Dr. Patrick Manson, C.M.G.

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Mr. Clement Lucas: The Second Hunterian Lecture on The Symptoms and Diagnosis of Stone in the Kidney.

Royal College of Surgeons of England, 5 p.m.—Mr. J. H. Parsons: On Ocular Circulation. Arris and Gale Lecture II.

THURSDAY.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. T. G. Brodie: On the Circulation.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8 p.m.—Exhibition of Clinical Cases followed by Discussion. Patients will be in attendance from 8 to 9 p.m.

Royal College of Surgeons of England, 5 p.m.—Mr. J. H. Parsons: On Ocular Circulation. Arris and Gale Lecture III.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. A. D. Waller: On Experimental Pharmacology: The Action of Anesthetics and Narcotics.

POST-GRADUATE COURSES AND LECTURES.

Charing-cross Hospital, Thursday, 4 p.m.—Demonstration of Surgical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, S.W., Wednesday, 4 p.m.—Lecture on Diastolic Murmurs.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Mental Deficiency in Children (Lantern Demonstration).

Medical Graduates' College and Polytechnic, 29, Chancery Street, W.C., Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear. Lectures will also be given at 8.15 p.m. as follows: Monday, Diseases of the Breast; Tuesday, Defects of Refraction; Wednesday, Certain Abdominal Affections; Thursday, Postures in Hysterical Paralysis; Friday, Acute Appendicitis.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C., Tuesday, 3.30 p.m.—Lecture on Effects of Pressure on Laryngeal Nerves.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Ocular Symptoms in General Diseases; Tuesday, Anterior Displacement of the Uterus; Wednesday, Diagnosis and Treatment of Valvular Disease of the Heart; Thursday, Fractures in and near the Elbow and Wrist Joints; Friday, Some Factors of Infection.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTHS.

FELCE.—On the 15th instant, at 1, Cricklewood Villas, N.W., the wife of Stamford G. Felce, M.A., M.D., B.C. Cantab., of a daughter.

LAWTON.—On February 12th, at 18, Hamilton Square, Birkenhead, the wife of William Lawton, M.B., of a son.

MCGEAGH.—On January 31st, at Gransden Hall, Sandy, the wife of William McGeagh, of a daughter.

STEVENS.—On the 14th February, at 8, St. Thomas's Street, London Bridge, the wife of Thos. G. Stevens, M.D., F.R.C.S., M.R.C.P., of a son.

MARRIAGE.

MARSHALL-HIGGINSON.—On the 4th instant, at St. Jude's Church, South Kensington, by the Rev. Satter St. George John Hartley, M.A., Vicar of Eton, Rutland, assisted by the Rev. William Miller, M.A., Vicar of Tillingham, Essex, and the Rev. Prebendary Bartley Wilmot, M.A., Vicar of the Parish, Thomas Ainslie Marshall, M.B.C.S., L.R.C.P., of the Limes, Tillingham, Essex, elder son of the late Thomas Alexander Marshall, to Ruth Forbes, youngest daughter of Arthur Higginson, of 46, Penryn Road, South Kensington.

DEATH.

DAVIES.—On February 15th, Allison Paxton, widow of the late Edward Davies, M.D., of Pilsa Darland, Wrexham, aged 59 years.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.
 AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Aithology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

DR. J. J. REYNOLDS (Cheriton Fitzpaine, Credilon, N. Devon) desires to know the address of a medical benevolent society in the west of England.

PODAGRA asks for suggestions for the treatment of gouty pruritus in a gentleman, aged 50. It affects the genitals and inner side of the thighs, and is of many years' duration. There is intolerable itching at night—very little by day, except on going near a fire. A slight papular rash is always present. The patient is otherwise in excellent health, takes plenty of exercise, and is careful as to diet, etc. All the usual forms of treatment, external and internal, have been given a prolonged trial, and as a cure seems to be out of the question, what is urgently required is something to relieve the irritation on going to bed so that sleep may be obtained.

WAR asks: (1) Has the Riberi prize of the Turin Academy of Medicine been awarded yet? Competitions were to be sent in by December 31st, 1901. (2) Where can the list of names of the committee of the Cancer Research Fund be found?

* * * The Riberi Prize is advertised in the Italian journals. It will be awarded to the author of the best work in the field of medical science produced (printed or MS.) between 1902 and 1907. The last day for sending in works in competition is December 31st, 1907. We presume the prize for the previous quinquennium has been awarded, but we do not know to whom. (3) The list of the committee was published in the BRITISH MEDICAL JOURNAL, August and, 1902, p. 336.

ADDISON'S DISEASE

F.R.C.P. will be glad to hear of a case of Addison's disease in any of the London hospitals or Poor-law infirmaries with the view of being allowed to test a certain point in connexion with that disease. Address, F.R.C.P., Hotel Windsor, Victoria Street, London, S.W.

THE DIAGNOSIS OF OBSCURE ABDOMINAL TUMOURS.

DR. ALEX DUKE (London) writes: In cases of abdominal tumours difficult to diagnose, may I inquire, with a true desire for information, why the exploring needle or aspirating needle is not often used? Surely in these aseptic days no injury should accrue from the puncture made, and the contents of tumour, if any, would help to confirm or refute the diagnosis, and perhaps be the means of preventing more serious mischief later on. I trust those in a position to reply will consider my query pertinent, not impertinent.

CONTRACT PRACTICE CLUB RATES.

A. T. writes: It reads as extraordinary news that the Fleetwood doctors should have ever attended club members for 2s. 6d. a year. How did they possibly suppose that they could make anything out of such a contract? What great difficulty is there to hinder lodge doctors from all striking on a prearranged date (say January 1st or July) for at least 2s. instead of allowing the clubs to deal with them in detail.

ANSWERS.

F. A. W.—We are advised that it is practically impossible to estimate correctly blood (total counts of white and red corpuscles) from specimens sent in tubes or pipettes.

LABOR.—The fees payable for the Paris M.D. amount to about £60. The extent to which exemption is granted varies, we believe, according to circumstances. Application for such exemption must be addressed to the Minister of Public Instruction, to whom the documents showing the examinations passed by the candidate in his own country and the degree or qualification possessed by him must be submitted. It certainly would be advisable for the candidate to study for some time in Paris. Several examinations have to be passed, and a thesis must be presented. The examinations are conducted in French. The *Progrès Médical* (14, Rue des Carmes, Paris) publishes a "Student's Number" every year about November, in which full information is given as to teaching and examinations in every medical school in France.

LETTERS, NOTES, ETC.

A DEGREE FOR LONDON STUDENTS.

MR. F. W. COLLINGWOOD (London) writes: I would like to remark that though I have been endeavouring for some years past to relieve